

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application of Shocket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) RATE FEE NUMBER EXTRA RATE NUMBER FILED FOR BASIC FEE (37 CFR 1.16(a)) s *1000* OR TOTAL CLAIMS -0 OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS - 0 OR minus 3 = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) TOTAL TOTAL OR * If the difference in column 1 is less than zero, enter *0* in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST RATE ADDI-PRESENT RATE ADDI-REMAINING NUMBER TIONAL TIONAL **EXTRA PREVIOUSLY AFTER** ENDMENT FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus 20 8000 OR Independent (37 CFR 1.16(b)) Minus OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS ADDI-PRESENT RATE RATE ADDI-NUMBER REMAINING TIONAL TIONAL **EXTRA PREVIOUSLY AFTER** ENDMENT FEE FEE PAID FOR AMENDMENT Minus Total OR (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS RATE ADDI-NUMBER PRESENT RATE ADDI-REMAINING TIONAL PREVIOUSLY **EXTRA** TIONAL **AFTER** ENT FEE r:EE AMENDMENT PAID FOR Minus = Total ENDM OR (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) X S OR X S Ž FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN TH SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									1	
Effective October 1, 2000 07/88917/										
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS				RAT	Έ	FEE	1	RATE	FEE	
FOR	NUMBER FILED NUMBER EXTRA		BASIC	FEE		OR	BASIC FEE	1000		
TOTAL CHARGEABLE CLAIMS	/O minus 20= *		X\$:	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS	2minus 3 = *		X40	X40=		OR	X80=			
MULTIPLE DEPENDENT CLAIM P	RESENT			105			On			
* If the difference in column 1 is less than zero, enter "0" in column 2			<u> </u>	+135=		OR	+270=			
					AL	L	OR	TOTAL	1100	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					LL	ENTITY	OR	OTHER SMALL		
CLAIMS REMAINING AFTER AMENDMENT Total Independent Total	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	Minus ••	20	=	X\$ 9)=		OR.	X\$18= _		
Independent • SIRST PRESENTATION OF M	Minus •••	3	=	X40	=_		OR	X80=		
FIRST PRESENTATION OF M	OLTIPLE DEPENDEN	CLAIM		+135	;=		OR	+270=		
A CAMP TO THE STATE OF THE STAT	:			TO	TAL			TOTAL		
(Column 1) (Column 2) (Column 3)					FEE	<u></u> ;		ADDIT. FEE		
CLAIMS REMAINING AFTER AMENDMENT Total	HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Minus **	V	=	X\$ 9	=		OR	X\$18=	····	
Independent • SFIRST PRESENTATION OF MI	Minus •••• ULTIPLE DEPENDENT	T CLAIM		X40			OR	X80=		
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				TO ADDIT.	TAL		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										
CLAIMS REMAINING AFTER AMENDMENT Total Independent CLAIMS REMAINING AFTER AMENDMENT	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total •	Minus 2	· 0	=	X\$ 9	=		OR	X\$18≕-	- The	
Independent •	Minus ***	3	= //	X40			OR	X80=	86.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3							OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										